

APPENDIX

2004 – 2005

TCAP

ACCOMMODATIONS

TCAP ACHIEVEMENT – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____ (Check One) ☐ IEP / ☐ 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE							
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)	<input type="checkbox"/> Y <input type="checkbox"/> N	Braille (with or without audio)	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY							
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim			<input type="checkbox"/> Yes <input type="checkbox"/> No	Re-read/sign Oral Instructions Verbatim		
CALCULATOR/MATHEMATICS TABLES (Items not measuring computation)							
<input type="checkbox"/> Y <input type="checkbox"/> N	See <i>Teacher Directions</i> for specified subsections						
FLEXIBLE SETTING							
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group	<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment			<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers, Abacus		
AUDITORY AIDS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification			<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer		
MULTIPLE TESTING SESSIONS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the school day						
FLEXIBLE SCHEDULING							
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within allotted time)			<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Time of Day		
SCRIBE/RECORDING ANSWERS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers in Test Booklet			<input type="checkbox"/> Y <input type="checkbox"/> N	Answers Recorded by Scribe		
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers on separate sheet of paper						
MARKING IN TEST BOOKLET							
<input type="checkbox"/> Y <input type="checkbox"/> N	Student highlights/marks/works problems in test booklet (May not be used on the Achievement Test in grades K—3.)						
STUDENT READS ALOUD TO SELF							
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting						

Special Accommodations

Accommodations		Documentation Verification		Required Conditions for Accommodations	Notations
		IEP	504		
A	Extended Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ Extended Time limits determined by IEP or 504 Team ♦ Flexible Setting required ♦ Flexible Scheduling required
B	Read Aloud Internal Test Instructions/Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP: May be used on all tests/subtests consistent with subject area accommodations ♦ 504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations	♦ Flexible Setting – Individual or Small Group required ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Instructions/Items must be read verbatim
C	Prompting Upon Request	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP: May be used on all tests/subtests consistent with subject area accommodations ♦ 504: May be used on tests/subtests not measuring reading/language arts and consistent with subject area accommodations	♦ Flexible Setting – Individual or Small Group required ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Instructions/Items must be read verbatim
D	Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ IEP documenting Hearing Impairment/Deafness and consistent use in classroom instruction and testing	♦ Flexible Setting – Individual or Small Group required ♦ Extended Time considered ♦ Interpreter guidelines must be followed
E	Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ Flexible Setting – Individual ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Special handling instructions
G	Calculator/Mathematics Tables: 100% Mathematics	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ IEP documenting consistent use in classroom instruction and testing ♦ Documented use in 100% mathematics	♦ Flexible Setting required ♦ Flexible Scheduling considered ♦ Memory cleared prior to/after test
H	Manipulatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in mathematics classroom instruction and testing	♦ Flexible Setting considered ♦ Student familiarity with Manipulatives required ♦ Manipulatives provided by school
I	Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing ♦ Necessary for post-school success	♦ Flexible Setting considered ♦ Flexible Scheduling considered ♦ Student familiarity with AT required
K	Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ DOE Approval Required per UAARF ♦ See guidelines

Accommodations must be recorded on the student's answer document.

TCAP WRITING – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____ (Check One) ☐ IEP / ☐ 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE							
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)	<input type="checkbox"/> Y <input type="checkbox"/> N	Braille (with or without audio)	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY							
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim			<input type="checkbox"/> Y <input type="checkbox"/> N	Re-read/sign Oral Instructions Verbatim		
FLEXIBLE SETTING							
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group	<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment			<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers, Abacus		
AUDITORY AIDS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification			<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer		
MULTIPLE TESTING SESSIONS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the school day						
FLEXIBLE SCHEDULING							
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within allotted time)				<input type="checkbox"/> Yes <input type="checkbox"/> No	Flexible Time of Day	
STUDENT READS ALOUD TO SELF							
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting						

Special Accommodations

Accommodations		Documentation Verification		Required Conditions for Accommodations	Notations
		IEP	504		
A	Extended Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ Extended Time limits determined by IEP or 504 Team ♦ Flexible Setting required ♦ Flexible Scheduling required
D	Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ IEP documenting Hearing Impairment/Deafness and consistent use in classroom instruction and testing	♦ Flexible Setting – Individual or Small Group required ♦ Extended Time considered ♦ Interpreter guidelines must be followed
E	Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ Flexible Setting – Individual ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Special handling instructions
J	Scribe	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ Flexible Setting – Individual ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Scribe guidelines must be followed
I	Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing ♦ Necessary for post-school success	♦ Flexible Setting considered ♦ Flexible Scheduling considered ♦ Student familiarity with AT required ♦ See guidelines for return of Answer Documents
K	Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ DOE Approval Required per UAARF ♦ See guidelines

Accommodations must be recorded on the student's answer document.

TCAP COMPETENCY – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____ (Check One) ☐ IEP / ☐ 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE							
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)	<input type="checkbox"/> Y <input type="checkbox"/> N	Braille (with or without audio)	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY							
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim			<input type="checkbox"/> Y <input type="checkbox"/> N	Re-read/sign Oral Instructions Verbatim		
FLEXIBLE SETTING							
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group	<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____	<input type="checkbox"/> Y <input type="checkbox"/> N	Out of School (Homebound only)
VISUAL/TACTILE AIDS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment			<input type="checkbox"/> Y <input type="checkbox"/> N	Templates, Masks, Pointers, Abacus		
AUDITORY AIDS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification			<input type="checkbox"/> Y <input type="checkbox"/> N	Noise Buffer		
MULTIPLE TESTING SESSIONS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the school day						
FLEXIBLE SCHEDULING							
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within the school day)			<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Time of Day		
SCRIBE/RECORDING ANSWERS							
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers in Test Booklet			<input type="checkbox"/> Y <input type="checkbox"/> N	Answers Recorded by Scribe		
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers on separate sheet of paper						
MARKING IN TEST BOOKLET							
<input type="checkbox"/> Y <input type="checkbox"/> N	Student highlights/marks/works problems in test booklet						
STUDENT READS ALOUD TO SELF							
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting						

Special Accommodations

Accommodations		Documentation Verification	Required Conditions for Accommodations	Notations
		IEP	<i>Beginning in Fall 2004, the Competency Test will only be available for students with IEPs who entered high school prior to Fall 2001 who have exited with a Special Education Diploma or are currently enrolled</i> <i>Competency available until school year student reaches age of twenty-two (22)</i>	
B	Read Aloud Internal Test Instructions/Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP: May be used on both Language Arts and Mathematics consistent with subject area accommodations	♦ Flexible Setting – Individual or Small Group required ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Instructions/Items must be read verbatim
C	Prompting Upon Request	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP: May be used on both Language Arts and Mathematics consistent with subject area accommodations	♦ Flexible Setting – Individual or Small Group required ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Instructions/Items must be read verbatim
D	Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP documenting Hearing Impairment/Deafness and consistent use in classroom instruction and testing	♦ Flexible Setting – Individual or Small Group required ♦ Extended Time considered ♦ Interpreter guidelines must be followed
E	Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP documenting consistent use in classroom instruction and testing	♦ Flexible Setting – Individual ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Special handling instructions
F	Calculator/Mathematics Tables: Items not measuring computation	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP documenting consistent use in classroom instruction and testing	♦ Flexible Setting required ♦ Flexible Scheduling considered ♦ Memory cleared prior to/after test
G	Calculator/Mathematics Tables: 100% Mathematics	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP documenting consistent use in classroom instruction and testing ♦ Documented use in 100% mathematics	♦ Flexible Setting required ♦ Flexible Scheduling considered ♦ Memory cleared prior to/after test
H	Manipulatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP documenting consistent use in mathematics classroom instruction and testing	♦ Flexible Setting considered ♦ Student familiarity with Manipulatives required ♦ Manipulatives provided by school
I	Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP documenting consistent use in classroom instruction and testing ♦ Necessary for post-school success	♦ Flexible Setting considered ♦ Flexible Scheduling considered ♦ Student familiarity with AT required
K	Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP documenting consistent use in classroom instruction and testing	♦ DOE Approval Required per UAARF ♦ See guidelines

Accommodations must be recorded on the student's answer document.

TCAP END-OF-COURSE (EOC) AND GATEWAY – ACCOMMODATIONS

(Addendum to the IEP or 504 Service Plan)

Student's Name _____ (Check One) ☐ IEP / ☐ 504 Plan

Date ____/____/____

Allowable Accommodations

LARGE PRINT OR BRAILLE			
<input type="checkbox"/> Y <input type="checkbox"/> N	Large Print	<input type="checkbox"/> Y <input type="checkbox"/> N	Readers (IEP Only)
<input type="checkbox"/> Y <input type="checkbox"/> N	Braille (with or without audio)		<input type="checkbox"/> Y <input type="checkbox"/> N Readers (IEP Only)
ORAL INSTRUCTIONS DELIVERY			
<input type="checkbox"/> Y <input type="checkbox"/> N	Sign Oral Instructions Verbatim		<input type="checkbox"/> Y <input type="checkbox"/> N Re-read/sign Oral Instructions Verbatim
CALCULATOR/MATHEMATICS TABLES (Items not measuring computation)			
<input type="checkbox"/> Y <input type="checkbox"/> N	See <i>Teacher Directions</i> for specified subsections		
FLEXIBLE SETTING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Individual	<input type="checkbox"/> Y <input type="checkbox"/> N	Small Group
<input type="checkbox"/> Y <input type="checkbox"/> N	Study Carrel/ "Other" _____		<input type="checkbox"/> Y <input type="checkbox"/> N Out of School (Homebound only)
VISUAL/TACTILE AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Magnification Equipment		<input type="checkbox"/> Y <input type="checkbox"/> N Templates, Masks, Pointers, Abacus
AUDITORY AIDS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Amplification		<input type="checkbox"/> Y <input type="checkbox"/> N Noise Buffer
MULTIPLE TESTING SESSIONS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Must be completed within the school day		
FLEXIBLE SCHEDULING			
<input type="checkbox"/> Y <input type="checkbox"/> N	Flexible Scheduling of Subtests (within allotted time)		<input type="checkbox"/> Y <input type="checkbox"/> N Flexible Time of Day
SCRIBE/RECORDING ANSWERS			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers in Test Booklet		<input type="checkbox"/> Y <input type="checkbox"/> N Answers Recorded by Scribe
<input type="checkbox"/> Y <input type="checkbox"/> N	Student records answers on separate sheet of paper		
MARKING IN TEST BOOKLET			
<input type="checkbox"/> Y <input type="checkbox"/> N	Student highlights/marks/works problems in test booklet		
STUDENT READS ALOUD TO SELF			
<input type="checkbox"/> Y <input type="checkbox"/> N	Requires Individual Setting		

Special Accommodations

Accommodations		Documentation Verification		Required Conditions for Accommodations	Notations
		IEP	504		
A	Extended Time: EOC Tests Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ Applies only to EOC Tests ♦ Gateway Tests are Untimed ♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ Extended Time limits determined by IEP or 504 Team ♦ Flexible Setting required ♦ Flexible Scheduling required
B	Read Aloud Internal Test Instructions/Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP: May be used on all tests consistent with subject area accommodations ♦ 504: May be used on tests not measuring reading/language arts and consistent with subject area accommodations	♦ Flexible Setting – Individual or Small Group required ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Instructions/Items must be read verbatim
C	Prompting Upon Request	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP: May be used on all tests consistent with subject area accommodations ♦ 504: May be used on tests not measuring reading/language arts and consistent with subject area accommodations	♦ Flexible Setting – Individual or Small Group required ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Instructions/Items must be read verbatim
D	Interpreter Signs/Cues Test	<input type="checkbox"/> Yes <input type="checkbox"/> No		♦ IEP documenting Hearing Impairment/Deafness and consistent use in classroom instruction and testing	♦ Flexible Setting – Individual or Small Group required ♦ Extended Time considered ♦ Interpreter guidelines must be followed
E	Student Reads into Audio Recorder: Plays Back Immediately to Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ Flexible Setting – Individual ♦ Flexible Scheduling considered ♦ Extended Time considered ♦ Special handling instructions
H	Manipulatives	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ Flexible Setting considered ♦ Student familiarity with Manipulatives required ♦ Manipulatives provided by school
I	Assistive Technology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing ♦ Necessary for post-school success	♦ Flexible Setting considered ♦ Flexible Scheduling considered ♦ Student familiarity with AT required
K	Unique Adaptive Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	♦ IEP or 504 Plan documenting consistent use in classroom instruction and testing	♦ DOE Approval Required per UAARF ♦ See guidelines

Accommodations must be recorded on the student's answer document.

2004-2005 English Language Learner (ELL) Accommodations

(Addendum to the IEP or 504 Service Plan for **English language learners with disabilities***)

Accommodations		Documentation Verification		TCAP Achievement	TCAP Competency	TCAP End-of-Course (EOC) / TCAP Gateway	TCAP Writing Assessment	Required Conditions for Accommodations
		IEP	504					
Q	Extended Time¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Time and a half per subtest OR As determined by IEP / 504 Team	NOT APPLICABLE-Untimed	EOC – Time and a half per test Or As determined by IEP / 504 Team Gateway – NOT APPLICABLE – Untimed	Time and a half or as determined by the IEP Team	♦ ELL and ♦ Score as limited English proficient on IPT
R	Bilingual Dictionary	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not allowed for Language Arts, Reading, Spelling, Word Analysis and Vocabulary subtests	Not Allowed for Language Arts	Not Allowed for EOC English I and Gateway Language Arts	Not Allowed	♦ ELL and ♦ Score as limited English proficient on IPT
S	Read Aloud in English Internal Test Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	All subtests	May read aloud or use Audio only or Audio with test booklet	All tests	All tests	♦ ELL and ♦ Score as limited English proficient on IPT
T	Read Aloud in English Internal Test Items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP – All Subtests 504 – Not allowed for Language Arts, Reading, Spelling, Word Analysis and Vocabulary subtests	May read aloud or use Audio only or Audio with test booklet	IEP – All Subtests 504 – Not Allowed for EOC English I and Gateway Language Arts	All tests	♦ ELL and ♦ Score as limited English proficient on IPT

*All students are eligible for Allowable Accommodations, as needed, on any TCAP Assessment. Special Accommodations are available for students with an IEP or 504 Service Plan.

Note: Questions regarding required conditions for use of ELL Accommodations should be directed to the TN ESL Coordinator at (615) 741-3262.

¹ If the student uses both ELL and Special Accommodations, Extended Time is determined by the IEP Team or 504 Review Committee.

UNIQUE ADAPTIVE ACCOMMODATION REQUEST FORM (UAARF)

- All requests made for Unique Adaptive Accommodations must have DOE approval prior to implementation on State assessments.
- Return form to the following address: Director of Assessment, Tennessee Department of Education, Division of Special Education, Andrew Johnson Tower, 5th Floor, 710 James Robertson Parkway, Nashville, TN 37243-0375.
- Each item of the UAARF must be completed before the State will review for Approval. Incomplete UAARFs will be returned to the LEA.
- All UAARFs must be received by the DOE no later than one month prior to the TCAP Assessment(s) to which they apply.

System Name: _____ System Number: _____

School Name: _____ School Number: _____

Student Name: _____ SSN: _____ Grade: _____

Indicate the test(s)/subtest(s) on which the accommodation would be used:

Competency	<input type="checkbox"/> Math <input type="checkbox"/> Language Arts
End of Course	<input type="checkbox"/> Math Foundations II <input type="checkbox"/> English I <input type="checkbox"/> US History <input type="checkbox"/> Physical Science
Gateway	<input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Science
Writing Assessment	<input type="checkbox"/> 5 th <input type="checkbox"/> 8 th <input type="checkbox"/> 11 th
Achievement	<input type="checkbox"/> Reading/LA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Word Analysis <input type="checkbox"/> ALL

Special Accommodations currently documented for use on TCAP Assessments:

A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>	F <input type="checkbox"/>	G <input type="checkbox"/>	H <input type="checkbox"/>	I <input type="checkbox"/>	J <input type="checkbox"/>
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Unique Adaptive Accommodation(s) Requested:

- _____
- _____
- _____
- _____

Are requested accommodations documented on the student's IEP or 504 Plan? ☐ Yes ☐ No

Are requested accommodations used consistently throughout classroom instruction and assessments? ☐ Yes ☐ No

Are requested accommodations needed for student to access the general education curriculum? ☐ Yes ☐ No

Is the student proficient in the use of the requested accommodations? ☐ Yes ☐ No

How long has student been using the requested accommodation(s) in his/her educational environment?

(List individually for each accommodation requested.)

- _____
- _____
- _____

Explain how accommodations are utilized in student's educational environment. Attach additional page(s) if needed.

All appropriate signatures are required for UAARF to be considered. The Special Education Supervisor or the System 504 Coordinator should sign the UAARF as indicated (e.g., child has an IEP or a 504 Plan).

Parent/Guardian: _____

Classroom Teacher(s): _____

School Principal: _____

Signature System Special Education Supervisor: _____ Phone Number: _____

Signature System 504 Plan Coordinator: _____ Phone Number: _____

Signature System Testing Coordinator: _____ Phone Number: _____

Signature System Superintendent: _____ Phone Number: _____

For Tennessee Department of Education Use Only:	COMMENTS:
Date received: _____ Request Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Division of Special Education: _____	_____
Evaluation and Assessment Division: _____	_____